

FINAL
Signed:

MINUTES

MONTANA SENATE
56th LEGISLATURE - REGULAR SESSION

COMMITTEE ON PUBLIC HEALTH, WELFARE AND SAFETY

Call to Order: By **CHAIRMAN AL BISHOP**, on January 29, 1999 at
3:35 P.M., in Room 325 Capitol.

ROLL CALL

Members Present:

Sen. Al Bishop, Chairman (R)
Sen. Fred Thomas, Vice Chairman (R)
Sen. Sue Bartlett (D)
Sen. Dale Berry (R)
Sen. John C. Bohlinger (R)
Sen. Chris Christiaens (D)
Sen. Bob DePratu (R)
Sen. Dorothy Eck (D)
Sen. Eve Franklin (D)
Sen. Duane Grimes (R)
Sen. Don Hargrove (R)

Members Excused: None.

Members Absent: None.

Staff Present: Susan Fox, Legislative Branch
Martha McGee, Committee Secretary

Please Note: These are summary minutes. Testimony and
discussion are paraphrased and condensed.

Committee Business Summary:

Hearing(s) & Date(s) Posted: SB 209, SB 219, 1/18/1999
Executive Action: SB 219

Hearings on **SB 209**, sponsored by **SEN. B.F. "CHRIS" CHRISTIAENS**,
and **SB 219**, sponsored by **SEN. MIGNON WATERMAN**, were heard
concurrently.

HEARING ON SB 209 & SB 219

SB 209 Sponsor: SEN. B.F. "CHRIS" CHRISTIAENS, SD 23, Great Falls

SB 219 Sponsor: SEN. MIGNON WATERMAN, SD 26, Helena

Proponents: SEN. BOB KEENAN, SD 38, Big Fork
Gary Mihelish, National Association of the Mentally Ill (NAMI)
Robert Caldwell, Psychiatrist
Nancy Nicholson, Private Citizen
Donald Harr, Montana Psychiatric Association & Montana Medical Association
Jon Cox, NAMI
Scott Burnham, Private Citizen
Nathan Munn, Montana Psychiatric Association
Gloria Hermanson, Montana Psychological Association
Barbara Hogg, Private Citizen
Douglas Schnell, NAMI
Kathleen Driscoll-Donovan, Private Citizen
Chuck Butler, Blue Cross/Blue Shield (SB 219)
Terri Mockel, Montana Psychological Association
Debra Sanchez, Montana Psychological Association
Michael O'Neil, Golden Triangle Mental Health Center
Ruth Sasser, Private Citizen
Jeffrey Krott, NAMI
Mary McCue, Montana Clinical Mental Health Counselors Association
Colleen Murphy, National Association of Social Workers
Kathleen Johnson, NAMI
Anita Roessmann, Montana Advocacy Program
Paul Silverman, Professor of Psychology, U of M
Kristine Marsh, Western Montana Mental Health
Andrea Merrill, Mental Health Association
Claudia Clifford, State Auditor's Office
Sami Butler, Montana Nurses' Association
Brian Garritty, Private Citizen
Harry Grove, NAMI
Russell Sampley, Montana Psychiatric Association
Mona Jamison, Shodair Hospital
Dan Anderson, Department of Public Health & Human Services
Kip Smith, Montana Primary Care Association
Melody Ross, Private Citizen

Opponents: John Cadby, Montana Bankers' Association
Page Dringman, Health Insurance Association of America
Al Pontrelli, Montana Association of Life Underwriters
Riley Johnson, National Federation of Independent
Business
Don Allen, Montana Medical Benefit Plan
Chuck Butler, BC/BS (SB 209)
Arlette Randash, Eagle Forum

Opening Statement by Sponsor:

SEN. B.F. "CHRIS" CHRISTIAENS, SD 23, Great Falls, said the bill dealt with full parity for insurance coverage for mental health conditions. Children and adults suffering from mental disorders still endured insurance practices which resulted in reduced access to needed mental health care. He said one in five United States families were affected by mental disorders, which were easy to diagnose and be readily treated. Medical science proved these illnesses had a biological basis and were brain disorders; in fact, people suffering from them could recover and lead a full, active life. He believed **SB 209** was timely and without a great deal of cost, would bring coverage to those from age 18 to the end of their lives.

SEN. MIGNON WATERMAN, SD 26, Helena, introduced **SB 219** by saying it was called the partial parity bill. She related several examples of people who had mental illnesses, including depression, but were hidden from society. During a strike at Warm Springs Hospital, the National Guard came in and was shocked to find the people who were warehoused there. The result was Montana led the way in improving treatments for individuals with mental illnesses. She asked for that leadership to continue by passing **SB 219**, and explained great care had been taken to narrowly define the illnesses; in fact, they were listed on Page 2 of the bill. She informed the Committee benefits could be subject to managed care provisions included in the policy because it was a reasonable way to provide for mental health care. She explained they were not talking about broad mental health coverage, but about treatment of severe, biologically-based mental illnesses. She urged the Committee to listen carefully and support **SB 219** because insurance companies did not balk at covering heart disease and cancer, both of which were often incurable. Yet, the cure rate and treatment success was much better for mental illness than it was for those disorders.

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Proponents' Testimony:

SEN. BOB KEENAN, SD 38, Big Fork, said he supported **SB 219** because it was a small step in trying to alleviate the stigma of mental illness.

Dr. Gary Mihelish, National Alliance of the Mentally Ill (NAMI), Helena, read his written testimony **EXHIBIT (phs23a01)**.

Robert Caldwell, Psychiatrist, Helena, said he saw people in heavy-duty crises because of significant mental illnesses. He expressed support for **SB 219**, explaining if a person's thyroid gland shut down, the symptoms would be indistinguishable from depression. Also, there were chemical systems in the brain which controlled energy and gave a person manic depression. There was also good evidence, the other listed illnesses had biological basis in the hardware of the brain. He submitted it was morally and ethically sensible to cover those illnesses by insurance.

Nancy Nicholson, Private Citizen, Helena, said she supported **SB 219** and related how several years ago her son was diagnosed with severe depression but was covered under her employer's insurance. However, she soon discovered there were caps on the treatment, though they were fortunate because he was able to get the treatment he needed. In fact, he no longer needed medication or therapy. She reported she was surprised to learn he received a letter of rejection when he applied for his own insurance (he was no longer eligible to be on her policy) because of his history of that one-time bout of depression. She said they were now in the process of applying to other insurance plans, which were more costly, and hoped he would not end up being one of the uninsured.

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Donald Harr, Montana Psychiatric Association (MPA) & Montana Medical Association, read his written testimony **EXHIBIT (phs23a02)**.

Jon Cox, National Association of the Mentally Ill (NAMI), read his written testimony **EXHIBIT (phs23a03)**.

Scott Burnham, Private Citizen, read his written testimony **EXHIBIT (phs23a04)**.

Nathan Munn, Montana Psychiatric Association, Helena, said he supported **SB 219**. He related how he had one patient who was in his 20's and gainfully employed, but happened to contract schizophrenia. He received treatment, partially responded and then needed further treatment, comparable to further treatment

needed for physical illnesses. His insurance company didn't cover the expenses, so he was not able to obtain the needed services; therefore, he quit his job so he could obtain the necessary treatment. The ultimate result was he was now on the disability rolls of Montana. He explained some anxiety disorders and depressive illnesses often complicated other medical illnesses; in fact, studies have shown that about half the patients a general practitioner saw, reflected the former statement.

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Gloria Hermanson, Montana Psychological Association, said she supported **SB 209** but did not think **SB 219** went far enough because full and comprehensive parity was needed. Many people were not covered by biological disorders, but were just as sick and needed treatment just as badly. She explained all children, in the natural process of growing up, were in a constant state of development, which made their mental health needs unique. Children, as well as adults, suffered from mental and emotional disorders; in fact, it was estimated about 4 million children from 9-17 had a serious emotional disturbance. She stated **SB 219** did not cover anxiety, conduct or attention deficit/hyperactivity disorders, nor did it cover drug and alcohol-related issues. She said results of failure to cover treatment to children for those severely emotional disorders were significant, i.e. school drop-outs resulting in intervention by the juvenile justice system. It was estimated one in every five children in adolescence had mental health problems which could be identified and treated, while as many as one in 20 had serious emotional disturbances. Inadequate treatment in adults resulted in significant cost effects, which were conservatively estimated at \$48 billion. Research demonstrated the effectiveness of treating both adults and children with mental disorders; however, many people lacked access to mental health services because, often, health insurance didn't provide coverage. **Ms. Hermanson** said there were many areas where full and comprehensive mental health parity would save costs, i.e. housing, employment, welfare, violence, crime, institutional, victims, general medical, etc. The cost of providing full parity was minor while limited parity was major. Providing none at all was extreme.

Barbara Hogg, Private Citizen, read her written testimony **EXHIBIT** (phs23a05).

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Douglas Schnell, National Association of Mental Illness, said two years ago his wife was diagnosed with severe mental illness so he

was asking for a favorable vote for **SB 219**. He stated his wife, on two different occasions, tried to kill herself because she left the hospital before she was ready. He related the doctors told them their insurance would not pay past 21 days so she came home. When she attempted suicide for the second time, he demanded the hospital treat her until she was ready to be discharged. He was able to hold down two jobs so he could pay the bills in monthly installments, though many people were not so fortunate. His wife lost her job because of her illness, and if he had not been able to work two jobs, they would have been forced to go through bankruptcy. He said about three months after his wife came home, they got a letter from the insurance company, saying their insurance benefits were exhausted. He asked for support for **SB 219** because it was important for Montana.

Kathleen Driscoll-Donovan, Private Citizen, read her written testimony **EXHIBIT** (phs23a06) .

Chuck Butler, Blue Cross/Blue Shield, said their partnerships believed in **SB 219** and had spent a great deal of time over the past two years discussing this legislation. He was here because it was the right thing to do. He expressed appreciation for including language which said benefits for treatment of severe mental illness may be subject to managed care provisions contained in the policy or certificate. He explained this bill didn't apply to Montanans who were not covered by insurance, i.e. insureds. It was important to understand this benefit plan, as well as **SB 209**, was not covered by any of the mandates adopted by this present legislature, previous legislatures or future legislatures. The reason for that was the Federal Government.

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Terry Mockel, Montana Psychological Association, read her written testimony **EXHIBIT** (phs23a07) .

Debra Sanchez, Montana Psychological Association, read her written testimony **EXHIBIT** (phs23a08) .

Michael O'Neil, Golden Triangle Mental Health Center, read his written testimony **EXHIBIT** (phs23a09) .

Ruth Sasser, Private Citizen, expressed support for **SB 209**. She depicted how she had two life-threatening illnesses, including renal-cell cancer which required three surgeries and five years of treatment. Insurance paid the entire bill. However, six years ago she was diagnosed with severe depression and she had no mental health coverage. She was able to find a psychiatrist who

was willing to work with her on a reduced fee, get medication through samples and get through the depression after two years of treatment. She declared if she had been insured for mental health, treatment would not have taken so long, nor would it have been life-threatening.

Jeffrey Krott, National Association of Mental Illness (NAMI), said he was diagnosed with severe mental illness in 1989 and had not been able to work a full eight-hour day since then; in fact, he worked a four-hour day. He said he would like to be a productive member of society but he was scared if he progressed so he could work a longer day, he would lose his Medicaid coverage. He said if he lost that, he could not afford to work four to six hours per day and pay for the treatment he got at the local health center. If he didn't have enough money to pay for that treatment, he could not continue to work. He explained he worked at the NAMI office as office manager and librarian, and received many calls from people who wondered what they could do about their children needing treatment.

Mary McCue, Montana Clinical Mental Health Counselors Association (MCMHCA), said **SB 209**, which they supported, was modeled after the Minnesota parity statute. They understood within one year after legislation was enacted, BC/BS was able to institute a premium reduction, i.e. full parity was cost-effective health care.

Colleen Murphy, National Association of Social Workers (NASW), said they supported **SB 209** because it was inclusive. She said she had conversed with a colleague in Minnesota regarding the result of full mental health parity, and was told that state had one of the least inflationary health care costs in the country. They had an aggressive managed care program and the accelerated mental costs were offset by reduced physical health costs.

Kathleen Johnson, National Association of the Mentally Ill (NAMI), read her written testimony **EXHIBIT (phs23a10)**.

Anita Roessmann, Montana Advocacy Program, read her written testimony **EXHIBIT (phs23a11)**.

Paul Silverman, Professor of Psychology, University of Montana, drew his testimony from **EXHIBIT (phs23a12)**.

Kristine Marsh, Western Montana Mental Health, said they supported **SB 209** because as families exhausted their resources to care for their own children, those children continued to fall back into the already over-burdened public system. It seemed

reasonable for Montana to support, promote and protect insurance resources for its families.

Andrea Merrill, Mental Health Association, read her written testimony **EXHIBIT (phs23a13)**.

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Claudia Clifford, State Auditor's Office, said current public policy mandated very limited mental health benefits in group coverage only. Therefore, it was discriminatory and unfair. She, on behalf of Mark O'Keefe, Insurance Commissioner, asked support for the bill.

Sami Butler, Montana Nurses' Association (MNA), said they supported both bills, explaining they supported bringing mental health coverage in line with that of physical illness. She stated it decreased the stigma of mental illness and increased accessibility of mental health for their patients.

Brian Garrity, Private Citizen, read his written testimony **EXHIBIT (phs23a14)**.

Harry Grove, National Association for the Mentally Ill (NAMI), said he supported **SB 219**. He got involved in mental health because after he injured his back on the job in 1985, the disability and pain put him into a severe clinical depression. He urged his brother union members and others to support the bill.

Russell Sampley, Montana Psychiatric Association, said he supported **SB 219** because the listed illnesses were medically recognized, biologically-based illnesses by the medical literature. The illnesses were very common, afflicted a large number of people and the treatment was rational. He said there was no medical reason to discriminate between the coverage of these illnesses and physical ailments.

Mona Jamison, Shodair Hospital, said they stood in strong support of **SB 219**. In Texas, discrimination against severe mental illness was outlawed for state employees. The total costs for treatment of state employees and family members was one-fifth the cost of treating other illnesses. The average amount paid per claimant for cardiovascular disease was \$2,496, while serious mental illness cost \$1,424. She stated the important thing was these illnesses kept people from work and from being productive members of society.

Dan Anderson, Department of Public Health and Human Services (DPHHS), read his written testimony **EXHIBIT (phs23a15)**.

Kip Smith, Montana Primary Care Association (MPCA), said their members believed mental health patients and those with other medical conditions should be treated equally. They believed either bill was better than no change at all, but they preferred **SB 209**.

Melody Ross, Private Citizen, said her son was diagnosed with ADD/ADHD and was placed in a long-term structural treatment center. Her insurance ran out so he was asked to leave before he was totally recovered. She said due to that, he became involved in the judicial system, which did not recognize mental disorders. He was placed at Pine Hills, but did not receive treatment, and now was at Montana State Prison. She said giving full parity through **SB 209**, would help cut medical, treatment and imprisonment costs.

{Tape : 2; Side : A; Approx. Time Counter : 8.7}

Opponents' Testimony:

John Cadby, Montana Bankers' Association, said mandated benefits and small group reform acts which required portability were affecting the marketplace by: (1) Driving the price up so high they killed hundreds of trade association medical plans and many national plans because they could not keep up with the mandated benefits in the 50 states, i.e. the number dropped from 18 major companies to six; (2) Dropping employee medical insurance by small employers because they could not afford the monthly premium, which would result in increasing the numbers of un-insureds; (3) Killing bidding competition of insurance companies because Blue Cross/Blue Shield currently had about half the business in Montana and about that much nation-wide. He said this concentration of power bothered him because he was afraid we were headed toward a single-payer system, as in Canada, which would result in managed care and rationed benefits. He said the United States was spending about twice as much of the gross domestic product on medical care, as compared to Great Britain, and half again as much as Canada; yet, the life expectancy was less than that of European and other nations. He admitted it was difficult to determine which were worthy mandated benefits and which were not, because every member of society had a medical problem of some kind. He recounted mandated benefits, in the long run, would not be good for everyone in Montana. He distributed copies of **EXHIBIT (phs23a16)**.

Page Dringman, Health Insurance Association of America (HIAA), said they opposed **SB 209** because it was too broad. She suggested everyone at the hearing would like to cover everything; however, it was important to remember Montana had one of the lowest incomes per capita and incredibly many uninsured people. That meant the cost of insurance had to be considered, which was driven by not only by insurance companies but also by providers. She referred to testimony which said a number of states had programs, what they were, what they covered and how little they cost. The majority of the 19 states which had parity for mental health did not include substance and alcohol abuse, as **SB 209** mandated; in fact, many of those states covered partial, but not full parity. She referred to Arkansas' low cost, and said it excluded state employees, companies with less than 50 employees and companies which had an anticipated cost increase of more than 1.5%. Someone else mentioned New Hampshire, which was a partial parity state, and it only applied to groups and HMO's. Texas was also mentioned but theirs covered public employees only and was partial parity. As for Minnesota, it was a complete parity state but the data given was for Blue Cross/Blue Shield only. BC/BS was one of the largest providers in the country so it was able to spread the risks. **Ms. Dringman** said the public policy question was should coverage or complete parity be mandated, at the risk of increasing the pool of those who could not afford insurance? She said she would prefer to be a proponent, but reality told her insurance costs would rise, particularly with a complete parity bill. There were very few employers in the state who had 50 or more employees, so the small employers would be forced to compensate for the costs by either increasing co-pays or eliminating coverage all together. She urged the Committee to take those considerations into their deliberations. She again voiced opposition for **SB 209**.

Al Pontrelli, Montana Association of Life Underwriters, expressed concern about how it would be paid. Some of the research showed it was a simple law of economics if health insurance was less expensive, more individuals and employers would purchase it and therefore, more people would be covered. If it was more expensive, some individuals and employers would cancel their coverage, which would mean an increase in the numbers of uninsured persons. In fact, for every 1% increase in health insurance premiums, 200,000 Americans lost their health insurance coverage. He asked the Committee to consider this carefully, and then make the right decision.

Riley Johnson, National Federation of Independent Business (NFIB), said they regrettably opposed **SB 209** and **SB 219** because over a year ago, they surveyed their 8,000 Montana members to see how many employer-based health insurance programs there were.

They found 42% of their membership had employer-based health insurance programs in place; however, when they did the same survey five years earlier, the figure was 48%. He stated these bills were an economic question.

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Don Allen, Montana Medical Benefit Plan (MMBP), voiced strong opposition to **SB 209** and **SB 219** because even though they would like to cover everyone, they could not because of the cost and the question of how low they could go in order to cover the most people possible. He said Montana led the nation in the lowest number of employers who covered small groups under 10. He explained MMBP had always tried to be an advocate for small business people and it was important to be careful to not spend their opportunities to have coverage. Recently, the U.S. Supreme Court refused to hear an Americans with Disabilities Act (ADA) case (though it was not mental illness per se) because the Court was of the opinion ADA did not require equal coverage for every type of disability. Such a requirement, if it existed, would destabilize the insurance industry in a manner definitely not intended when Congress passed the ADA. The federal legislation did not go into effect until October 1, 2001, but it was passed by our legislature last session in order to comply with federal law, and was being implemented today. He echoed what other opponents said in that it would be nice to cover everyone; however, at some point it had to be said in order to insure the greatest number of people for the greatest number of things possible, total mental health coverage was unaffordable.

Chuck Butler, Blue Cross/Blue Shield (BC/BS), expressed opposition to **SB 209**, explaining neither **SB 209** nor **SB 219** affected people they served through self-funded plans, Medicare supplement plans, federal employees' benefit plan, CHAMPUS or third-party administrators. He reiterated how mandated benefits affected the small employers, which was important to understand. He said it was not uncommon for a family of four to pay over \$400 per month for health insurance, with a \$500 deductible and 60-40 co-payment. He explained the co-payment, over the past few years, had decreased for the company but increased for the individual. He addressed the issue of parity for mental illness, and explained the estimated cost of **SB 209** would add about \$9.9 million to the small employer groups insured by BC/BS. This bill, should it pass, could add \$480,000 to the cost of the Children's Health Insurance Program, i.e. 444 children would not receive any insurance.

{Tape : 2; Side : A; Approx. Time Counter : 27.2}

Arlette Randash, Eagle Forum, read her written testimony
EXHIBIT (phs23a17) .

Proponents' testimony on **SB 219** handed in but not orally given, was received from **Francis H. Rice** and **Sandra Mihelish**. **Kay Wagner** turned in an **Opponent's Testimony** on both bills. Also, a handout entitled, "Mental Health Parity Background Information" was distributed.

{Tape : 2; Side : B; Approx. Time Counter : 0}

Questions from Committee Members and Responses:

SEN. DON HARGROVE asked the breakdown of alcohol and substance abuse cost and medication vs. treatment. **Chuck Butler** said he did not have it but would be happy to provide the information.

SEN. EVE FRANKLIN asked if there was speculation on the context of the increased uses of Zyprexa. **Arlette Randash** said there was none.

Closing by Sponsor on SB 219:

SEN. MIGNON WATERMAN said the testimony supported what happened in our system, explaining she had heard time after time from family members of mentally ill people were told their child or spouse was diagnosed with mental illness and they should get a divorce or put their child on SSI (get out of his or her life). She contended family support was important at a time like that because it contributed to recovery. She said her time spent on the Mental Health Access Plan taught her money had not been invested early on for treatment, and the result was high cost services for both the company and Montana's people. **SEN. WATERMAN** suggested if serious mental illness could be treated early on, there could be a cost-savings to both state and family. She asked the Committee to validate, through law, what was already known by medical science, i.e. mental illnesses were physical disorders of the brain which responded to treatment. She asked support for **SB 219** because it was the right thing to do. She also distributed copies of Amendments SB021901.asf
EXHIBIT (phs23a18) .

Closing by Sponsor on SB 209:

SEN. B.F. "CHRIS" CHRISTIAENS said this went back to the family rule of one, i.e. when a person wasn't covered by insurance, he or she should apply for SSI. He contended no one should have to do that. For the past five years, he had been Montana's

representative to the Reforming States Groups, a consortium of states which dealt with health care reform, nationwide. During the time he was a member, 19 states had done full parity, and now it was time Montana did the same because it was the fair and right thing to do. He reiterated most of the mental disorders were just as preventable, controllable and curable as physical ailments. Montana had one of the highest suicide rates in the nation, and over 85% of those people suffered from either or both depression and substance abuse. He said unless a vehicle like **SB 209** in place, there was a high social or criminal justice cost which was extreme; however, the bill was about prevention. The increase in insurance premium cost might be \$1.00 per month, but the cost was \$212 per day for a severely emotionally disturbed youth. He claimed if the Committee did nothing else today but listen to the compelling stories, it would pass **SB 209**.

EXECUTIVE ACTION ON SB 219

Motion: SEN. THOMAS moved that SB 219 DO PASS.

Discussion:

SEN. FRED THOMAS explained Amendments 240939SC.sjo as follows: (#1) Technical; (#2) Fixed the way a physician psychiatrist was referenced in legislation. **Susan Fox** said it struck "licensed psychiatrist" because they were licensed physicians. Four different existing sections of law were affected by the amendments, three of which were in **Title 33, Chapter 22, Part 7**. This section currently covered mental illness and substance abuse. Section 1 in the bill provided an exception because **33-22-701** did not apply to individual coverage. In **33-22-702**, there was an exception which said mental illness did not include a severe mental illness, as described in Section 1. The fourth was **Title 33, Chapter 31, Part 111**, and it clarified this section applied to the HMO statutes.

Motion/Vote: SEN. THOMAS moved that **AMENDMENTS SB021901.ASF AND #2-#5 OF AMENDMENTS 240939SC.SJO DO PASS**. Motion carried unanimously 10-0.

Motion: SEN. THOMAS moved that **SB 219 DO PASS AS AMENDED**.

Discussion:

SEN. DUANE GRIMES said it was necessary to acknowledge there was nothing free in the system, explaining they had not heard from families who lost coverage because of increased costs of health premiums. He suggested policy makers needed to remember there

was a cause-and-effect relationship in everything that was done, especially in this complicated health care insurance arena. Compelling arguments were made that some level of coverage had a net cost benefit, both socially and publicly. He stated **SB 219** was far less ominous than **SB 209**, in regard to the economic impact on Montana's health care economy and whether its citizens could afford it. He hoped in passing this legislation, they were not indicating they were willing to consider, without careful scrutiny, the implications of what full parity would do.

SEN. EVE FRANKLIN said data on projected increased premium costs was always available; however, it was much harder to quantify the cost savings. There clearly were some ramifications, but it should not be assumed there would be an increase in premium costs. She suggested there was the issue of larger ramifications of preventive, lower-cost and low-end care. She said she was optimistically "hedging her bets" that partial parity could actuarially result in either cost-savings or cost-stabilization.

SEN. SUE BARTLETT agreed with **SEN. GRIMES** it was necessary to take a hard look at **SB 209** and try to understand it and its ramifications. She said the legislature was an incremental process and she hoped this Committee would not take the easy way out by saying it acted on **SB 219**, which was all that was affordable. She maintained time should be spent in thoroughly examining **SB 209**.

Vote: Motion carried unanimously 10-0.

ADJOURNMENT

Adjournment: 5:45 P.M.

SEN. AL BISHOP, Chairman

MARTHA MCGEE, Secretary

JANICE SOFT, Transcriber

AB/MM

EXHIBIT (phs23aad)